

Business License Number: \_\_\_\_\_

Date and Time Received: \_\_\_\_\_

By Whom: \_\_\_\_\_

CITY OF BIRMINGHAM

DEPARTMENT OF PLANNING, ENGINEERING & PERMITS

710 20<sup>th</sup> Street, North

ROOM 500, CITY HALL

BIRMINGHAM, ALABAMA 35203

Randall L. Woodfin, Mayor

Andre V. Bittas, Director

Date of Application \_\_\_\_\_

☐ New

☐ Existing

(1) NAME OF FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

Are you the owner of the property listed above? ☐ Yes ☐ No If no, provide the following information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(2) NAME OF APPLICANT/OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(3) FACILITY PROPOSED:

☐ FAMILY CARE HOME (1-6 children)

☐ CHILD CARE CENTER (13 or more)

☐ ADULT CARE

☐ FAMILY GROUP CARE HOME (7-12 children)

☐ ACCESSORY USE CHILD CARE CENTER

Accessory to: \_\_\_\_\_

(church, school, etc.)

(4) TOTAL NUMBER OF CLIENTS SERVED/PROPOSED AT FACILITY: \_\_\_\_\_

(5) LIST DAYS AND HOURS OF OPERATION

\_\_\_\_\_

(6) EMPLOYEES

Family care providers must provide substitute employee and alternate employee information:

Name	Address
_____	_____
_____	_____

Family Group care providers must provide substitute, alternate, full time and part time employees' information:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

(7) FAMILY CARE HOME or FAMILY GROUP CARE HOME must list resident children 6 years of age or younger:

Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature below, I hereby certify that all of the information provided on this application is true and correct. I understand that no changes in the operation of this facility may be made without approval of the Department of Planning, Engineering and Permits. I also understand that this application and Zoning Certificate of Operation, if granted, are not transferable.

Operator/Provider: \_\_\_\_\_Date \_\_\_\_\_

Property Owner's Approval \_\_\_\_\_Date \_\_\_\_\_

Z.C.O. NUMBER \_\_\_\_\_

BUSINESS LICENSE NUMBER \_\_\_\_\_

D.H.R. NUMBER \_\_\_\_\_

ANNIVERSARY DATE \_\_\_\_\_

P.I.D. \_\_\_\_\_

ZONE DISTRICT \_\_\_\_\_

NEIGHBORHOOD \_\_\_\_\_

TYPE OF FACILITY:      ☐ Single Family Detached                      ☐ Other \_\_\_\_\_

PARKING SPACES:      Required \_\_\_\_\_                      Provided \_\_\_\_\_                      Improved \_\_\_\_\_

Pick-Up / Drop-Off Area required by Department of Traffic Engineering:      ☐ Yes                      ☐ No

Playground Area / Equipment \_\_\_\_\_

Signage \_\_\_\_\_

1,000 foot spacing requirement \_\_\_\_\_

Zoning Case \_\_\_\_\_                      Z.B.A. Code \_\_\_\_\_                      Subdivision Case \_\_\_\_\_

Date sent to Neighborhood \_\_\_\_\_

NOTES \_\_\_\_\_  
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☐ Approved                      ☐ Denied                      By \_\_\_\_\_                      Date \_\_\_\_\_